

EROSION AND SEDIMENT CONTROL REVIEW CHECKLIST



CITY OF ROCKVILLE
Department of Public Works
111 Maryland Avenue
Rockville, MD 20850
240-314-8500

Project Name: _____

Engineering Firm: _____

Property Address: _____

Phone No.: _____

Subdivision: _____

Contact Person: _____

Planning Permit No.: _____

CITY USE ONLY

	Submittal Date	City Review Dates & Initials
Public Works Permit No.: _____	_____	_____
Sediment Control Permit No.: _____	_____	_____
Stormwater Mgmt. Permit No.: _____	Design	Date
Forest Conservation (FTP) No.: _____	Acceptable	
Building Permit No.: _____	_____	_____

Legend:

- ☒ Complete
INC Incomplete/Incorrect
NA Not Applicable

This checklist has been developed to provide specific instructions to engineers. All items are expected to be addressed in the first submittal, unless indicated otherwise. Failure to do so will result in less than a full first review. Consultant shall review the entire check list, prior to first submittal, and check the box in the left-hand column ("Consultant's Initial Submission") to indicate compliance. Consultant must sign the last page.

TO THE ENGINEER

Your submission for Erosion and Sediment Control Plan approval has been reviewed. The review was made per the following checklist. Please return the checklist and Erosion and Sediment Control Plan comment sheets with your resubmittal. If you do not address a checklist item, including comments on the sediment control plan sheets, explain your reasoning.

EROSION AND SEDIMENT CONTROL REVIEW CHECKLIST

Consultant's Initial Submission		1st	Rockville's Review 2nd
SUBMISSION REQUIREMENTS			
<input type="checkbox"/>	Transmittal explaining purpose of submission.	_____	_____
<input type="checkbox"/>	Completed Sediment Control Application (showing disturbed area) and Review Fee.	_____	_____
<input type="checkbox"/>	Two (2) prints of proposed plans (24" x 36" sheets).	_____	_____
<input type="checkbox"/>	Stormwater Management Requirements: Provide Rockville SWM concept letter (including monetary SWM alternative). Include phasing letter, if applicable. If the SWM concept includes regional or other off-site facilities approved under other SCP/SMP permit numbers, give pond or development name, SCP/SMP permit numbers, and an explanation of the function of the facility.	_____	_____
<input type="checkbox"/>	One (1) copy of the proposed and/or existing storm drain plans.	_____	_____
<input type="checkbox"/>	One (1) of the approved NRI/FSD.	_____	_____
<input type="checkbox"/>	One (1) copy of the approved site plan, or subdivision plan, PRU, RTH, etc., with approval letter. NOTE: All conditions of approval letter including traffic and transportation requirements must be addressed prior issuance of a Public Works permit.	_____	_____
<input type="checkbox"/>	One (1) copy of the Forest Conservation Plan.	_____	_____
<input type="checkbox"/>	Sediment control bond estimate including temporary stabilization of all disturbed area [second submission].	_____	_____
GENERAL			
<input type="checkbox"/>	Composite sheet for submittals containing three (3) or more sheets of plan views, showing sheet index, conceptual sediment control, and existing and proposed drainage divides.	_____	_____
<input type="checkbox"/>	Drainage area map (on-site and off-site).	_____	_____
<input type="checkbox"/>	Scale 1" = 30' or larger, North arrow, Datum.	_____	_____
<input type="checkbox"/>	Legend - sediment control devices.	_____	_____
<input type="checkbox"/>	Title block: Plan description, legal subdivision or legal description; station numbers for road projects; indicate grading only or streets only, as applicable.	_____	_____
<input type="checkbox"/>	Name, address and telephone number of engineering firm or individual who prepared plans.	_____	_____
<input type="checkbox"/>	Owner/Permit Applicant name, address, and telephone number on first sheet.	_____	_____
<input type="checkbox"/>	Vicinity map with site outlined (2000' scale) on first sheet.	_____	_____

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<input type="checkbox"/>	All sheets of final SC package numbered consecutively.	_____	_____
<input type="checkbox"/>	Match lines corresponding sheet to sheet.	_____	_____
<input type="checkbox"/>	Miss Utility Note and Rockville Utility Note.	_____	_____
<input type="checkbox"/>	City of Rockville Standard Sediment Control Notes.	_____	_____
<input type="checkbox"/>	Bench marks, location and elevation (2 per sheet).	_____	_____
<input type="checkbox"/>	City of Rockville Certifications: 1) Design Certification and Quantities; 2) Owner's/Developer's Certification.	_____	_____
<input type="checkbox"/>	Seal, signature and license number of a Maryland Professional Engineer on all sheets [mylar submission].	_____	_____
PLANS			
<input type="checkbox"/>	Property lines, owners/legal description, and site owner name for adjacent properties.	_____	_____
<input type="checkbox"/>	Show and label existing and proposed improvements (utilities, streets, buildings, etc.).	_____	_____
<input type="checkbox"/>	Existing and proposed topography (2' contour intervals maximum).	_____	_____
<input type="checkbox"/>	Existing and proposed tree line areas or individual trees labeled.	_____	_____
<input type="checkbox"/>	Existing and proposed drainage divides.	_____	_____
<input type="checkbox"/>	Existing features to be lighter or screened from proposed improvements in CADD submission.	_____	_____
<input type="checkbox"/>	Limits of disturbance outlined and labeled.	_____	_____
<input type="checkbox"/>	Any designated wetlands (including 25' buffer) delineated and labeled.	_____	_____
<input type="checkbox"/>	Approved State Wetlands Permit (if applicable) _____.	_____	_____
<input type="checkbox"/>	100-Year Floodplain delineated on sediment control plan view sheets for any drainageway with >30 acres drainage area. No disturbance or structures permitted in this floodplain without Rockville Floodplain Variance (FPV).	_____	_____
<input type="checkbox"/>	Approved Rockville Floodplain Variance (FPV), if applicable. Also if applicable, need State Waterway Construction Permit prior to FPV approval. NOTE: Sediment control plans may be approved, but no permit will be issued until FPV is approved.	_____	_____
<input type="checkbox"/>	Proposed slopes: None to exceed 2:1; (3:1 on lawn maintenance areas).	_____	_____

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		1st	2nd
<input type="checkbox"/>	Show and label all proposed sediment control devices.	_____	_____
<input type="checkbox"/>	Sediment trap(s): Provide safety fences; inflow point protection; proper outlet location (maximizing flow length from inflow points); dewatering as necessary (include MCDPS dewatering device detail); and baffles (required for inflow point drainage areas greater than 3 acres: include MCDPS baffle detail). Provide trap data information on the sediment control plan as follows: trap type; existing drainage area; developed drainage area; storage required; storage provided; weir crest elevation; weir crest (ST-1 and ST-VI); storage depth; top storage dimensions; bottom dimensions; cleanout elevation (1/2 design depth); channel depth of flow; maximum side slopes (specify cut and/or fill); bottom elevation; embankment elevation; riser dimensions (ST-1); barrel dimensions (ST-1).	_____	_____
<input type="checkbox"/>	Sediment basin(s): Include sediment basin design and construction information as required by "Maryland State Standards and Specifications," Low Hazard Class assured; barrel outfall cross-section; MCDPS CMP band and dewatering device detail; inflow point protection; safety fence; and baffles as necessary. Show and address construction access and stockpiling on sediment control plan and address sediment control during basin installation. Limit initial disturbance to installation of principle spillway. If there is a base flow, provide a clean water diversion; if there is no base flow, provide diversion dikes above disturbed area (minimum channel treatment required is A-2).	_____	_____
<input type="checkbox"/>	No sediment control devices are to be located within 20' of building foundations.	_____	_____
<input type="checkbox"/>	Protection of interior tree save and undisturbed areas shown on plans.		
<input type="checkbox"/>	Protection of property adjacent to excavations shown on plans.	_____	_____
<input type="checkbox"/>	Earth dikes for off-site diversion of runoff must have A-2 channel treatment at a minimum.		
<input type="checkbox"/>	Temporary storm drain diversion: Include in sequence of construction, show profile, give invert elevations of temporary pipe into trap on plan view, profile, and details, and show the diversion on the storm drain plan.	_____	_____
<input type="checkbox"/>	Sequence of construction. (Include pre-construction meeting and consider all stages of site conditions with regard to sediment control).	_____	_____
<input type="checkbox"/>	Standard details for sediment control devices.	_____	_____
<input type="checkbox"/>	Off-site grading requires documentation of permission from owner (letter of permission on plan or grading easement document submitted).	_____	_____

EROSION AND SEDIMENT CONTROL REVIEW CHECKLIST

Consultant's
Initial
Submission

Rockville's
Review
1st 2nd

STORM DRAIN SYSTEM (Show on Sediment Control Plan)

- | | | | |
|--------------------------|--|-------|-------|
| <input type="checkbox"/> | Plan of storm drain system with topography to 100' below each outfall. | _____ | _____ |
| <input type="checkbox"/> | All outfalls must release runoff to an existing system, adequate receiving channel, or slope less than or equal to 2%. | _____ | _____ |
| <input type="checkbox"/> | Provide outfall cross-section detail(s) with the following information specific to each outfall: outfall dimensions, rip-rap or gabion slope, length, size and class; and filter cloth underneath. | _____ | _____ |

ADDITIONAL REQUIREMENTS

COMMENTS

All items that are applicable to the plans being submitted for review should be checked ☒ in the left-hand column labeled "Consultant's Initial Submission." Items that do not apply should be indicated (N/A). Items that do apply but are not checked must be explained. Attach a separate sheet of paper, if necessary.

Date

Name of Engineering Firm

Signature of Responsible Person

Type or Print Name

WebDoc 11/22/2004

Title